

Fill in this information to identify your case:

Debtor 1 Susan Bess Hitchings

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Pennsylvania,  
Reading Division

Case number 18-12716  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,226.06	\$ 286.15
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	Debtor 1 \$ 21.66	
Ordinary and necessary operating expenses	-\$ -12.95	
Net monthly income from a business, profession, or farm	\$ 8.71	
	Copy here -> \$ 8.71	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	Debtor 1 \$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here -> \$ 0.00	\$ 0.00

Debtor 1 **Hitchings, Susan Bess**

Case number (if known) **18-12716**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 6,234.77	\$ 286.15
	= \$ 6,520.92	
	Total average monthly income	

**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. \$ 6,520.92

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

Retained by spouse	\$ 55.14
	\$
	\$
Total	\$ 55.14

Copy here=> - 55.14

14. Your current monthly income. Subtract line 13 from line 12. \$ 6,465.78

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> \$ 6,465.78

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 77,589.36

Debtor 1 **Hitchings, Susan Bess**

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**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

PA

16b. Fill in the number of people in your household.

4

16c. Fill in the median family income for your state and size of household.

\$ 91,692.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

**18. Copy your total average monthly income from line 11.**

\$ 6,520.92

**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 55.14

19b. Subtract line 19a from line 18.

\$ 6,465.78

**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b

\$ 6,465.78

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 77,589.36

20c. Copy the median family income for your state and size of household from line 16c

\$ 91,692.00

**21. How do the lines compare?**

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Susan Bess Hitchings**

**Susan Bess Hitchings**

Signature of Debtor 1

Date **June 6, 2018**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Susan Bess Hitchings**

Paycheck Summary Worksheet

**Lehigh Valley Hospital**

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostics/Notes
2017-10-13	3,561.25	928.38	420.20	2,072.21	593.54	
2017-10-27	3,561.25	928.38	422.75	2,069.66	593.54	
2017-11-10	3,573.99	925.65	405.12	2,100.37	595.66	
2017-11-24	3,296.56	826.49	441.33	1,896.99	549.43	
2017-12-08	2,894.25	682.78	404.88	1,690.93	482.38	
2017-12-22	2,897.62	684.05	440.90	1,656.88	482.94	Ensure this is the last check issued in 2017
2018-01-05	3,809.51	1,005.78	415.84	2,235.62	634.92	
2018-01-18	3,103.16	753.47	451.61	1,774.07	517.19	
2018-02-01	2,891.31	625.26	365.24	1,789.27	481.88	
2018-02-15	3,084.46	687.83	401.60	1,871.77	514.08	
2018-03-01	2,880.29	620.77	365.28	1,779.14	480.05	
2018-03-15	1,802.72	303.34	393.27	1,034.12	300.45	
Hash total:	37,356.37	8,972.18	4,928.02	21,971.03	6,226.06	
<b>DEBTOR:</b>	37,356.37	8,972.18	4,928.02	21,971.03	6,226.06	

**Las Vegas Sands Corp**

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostics/Notes
2017-12-01	926.79	152.45	29.32	745.02	154.46	
2017-12-15	740.43	111.98	29.20	599.25	123.40	
2017-12-22	49.68	5.83	2.04	41.81	8.28	
Hash total:	1,716.90	270.26	60.56	1,386.08	286.15	
<b>SPOUSE:</b>	1,716.90	270.26	60.56	1,386.08	286.15	

**Susan Bess Hitchings**

## Deduction Summary Worksheet

**By Paycheck Deduction**

Paycheck Deduction	Form B22 Line Assignment	Amount	Adjustment	Net	Form B22
Ad&d	Mandatory payroll deductions	8.54	0.00	8.54	0.00
Aflac	Mandatory payroll deductions	86.72	0.00	86.72	0.00
Alfac	Mandatory payroll deductions	7.88	0.00	7.88	0.00
Choice Plus	Mandatory payroll deductions	66.67	0.00	66.67	0.00
Dental	Mandatory payroll deductions	104.00	0.00	104.00	0.00
■ Federal Withholding Tax	Taxes	842.49	0.00	842.49	842.49
Group Accident	Mandatory payroll deductions	5.17	0.00	5.17	0.00
Health Care FSA	Mandatory payroll deductions	192.29	0.00	192.29	0.00
LST	Mandatory payroll deductions	4.00	0.00	4.00	0.00
Medical	Mandatory payroll deductions	275.40	0.00	275.40	0.00
■ Medicare	Taxes	80.80	0.00	80.80	80.80
■ Other Withholding Tax	Taxes	55.67	0.00	55.67	55.67
■ Social Security	Taxes	345.49	0.00	345.49	345.49
■ State Withholding Tax	Taxes	170.91	0.00	170.91	170.91
SUP Life	Mandatory payroll deductions	6.11	0.00	6.11	0.00
SUPP Dep Life	Mandatory payroll deductions	10.26	0.00	10.26	0.00
SUPP Life	Mandatory payroll deductions	36.27	0.00	36.27	0.00
Unemployment	Mandatory payroll deductions	4.05	0.00	4.05	0.00
Vision	Mandatory payroll deductions	13.98	0.00	13.98	0.00
■ Voluntary Contrib for Retire	Mandatory payroll deductions	247.52	0.00	247.52	247.52
Monthly total:		2,564.22	0.00	2,564.22	1,742.88

**By Form B22 Line Assignment**

Form B22 Line Assignment	Amount
Mandatory payroll deductions	247.52
Taxes	1,495.36
<b>Total monthly deduction(s):</b>	<b>1,742.88</b>

**Susan Bess Hitchings**

Other Income Summary Worksheet

Date	Description	Gross	Deductions	Net Income	Form B22
<b>Debtor 1</b>					
<b><i>Income from the operation of a business, profession, or farm</i></b>					
	6X Monthly Income from Business	21.66	12.95	8.71	8.71
					8.71
<b>DEBTOR:</b>					8.71